



## Medical Services • Obstetrics

### October 2005 • Bulletin 375

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### 2005 CPT-4/HCPSCS Codes and Modifiers Update

Effective November 1, 2005, the following code and modifier conversions are taking place due to annual HCPSCS updates and/or mandated HIPAA conversions:

- Conversion to the 2005 CPT-4 and HCPSCS Level II codes
- Policy updates related to the 2005 CPT-4 and HCPSCS Level II code updates
- ICD-9 procedure code update for inpatient providers
- HIPAA-mandated conversion of hearing aid and accessory codes and modifiers
- HIPAA-mandated conversion of interim modifiers
- HIPAA-mandated conversion of respiratory care practitioner codes

Policy for all updates were announced in the September 2005 *Medi-Cal Update*. Provider manual updates are included in this month's *Medi-Cal Update*.

### Provider Billing for Palivizumab (Synagis)

In order to assure continued timely access to Palivizumab (Synagis) during the upcoming flu season, the Department of Health Services is continuing the emergency action implemented October 1, 2004.

Providers who meet the following criteria may bill for Synagis 50 mg (X7441) and Synagis 100 mg (X7439) on the *HCFA 1500* claim form.

- The provider operates an ambulatory infusion suite whereby Synagis is administered pursuant to the provisions of *Business and Professions Code* (B & P Code), Section 4052(a)(5)(A), or
- The provider, under an arrangement with a licensed Home Health Agency (HHA), dispenses Synagis in accordance to the provisions of the B & P Code Section 4051 either directly to the caregiver or the HHA for administration by the HHA at the patient's place of residence, provided that the HHA is not separately billing Medi-Cal for a skilled nursing visit under HCPSCS code Z6900.

Providers who dispense Synagis in accordance to the provisions of B & P Code Section 4051 directly to a HHA, physician's office or clinic for administration, whereby the HHA, physician's office or clinic separately bills Medi-Cal for the administration of Synagis, will bill Medi-Cal through the CAL-POS online system, CMC or paper using the drug's NDC.

All claims require an approved *Treatment Authorization Request* (TAR). TARs must be submitted to the Los Angeles Medi-Cal Field Office by fax at 1-866-816-4377.

### Human Papillomavirus DNA or RNA Test Restrictions Update

Effective for dates of service on or after November 15, 2005, new reimbursement requirements will be initiated for Human Papillomavirus (HPV) test code 87621 (infectious agent detection by nucleic acid [DNA or RNA]; papillomavirus, human, amplified probe technique). Reimbursement of HPV screening is supported for women who qualify to receive the following services:

- Follow-up of Low-grade Squamous Intraepithelial (LSIL) cytology result in women less than 21 years of age (HPV DNA testing at 12 months in lieu of cytology at six and 12 months is an option).
- Follow-up post colposcopy in women with Paps read as Atypical Squamous Cell, High Grade (ASC-H), LSIL, or HPV DNA positive Atypical Squamous Cells of Undetermined Significance (ASC-US) in whom Cervical Intraepithelial Neoplasia (CIN) is not identified at colposcopy (may be followed up at 12 months with HPV DNA testing in lieu of cytology at six and 12 months).
- Follow-up of women with biopsy proven CIN I (HPV DNA testing at 12 months in lieu of cytology at six and 12 months is an option).
- Follow-up in women post treatment of CIN II and III (HPV DNA testing at least six months after treatment in lieu of three follow-up Pap smears is an option).

Code 87621 may be billed with modifier -26, -TC or -ZS and is reimbursable once every 12 months, any provider, for female recipients 15 years of age or older when billed with one of the following ICD-9 codes:

<u>ICD-9 Code</u>	<u>Description</u>
233.1	Carcinoma in situ of breast and denitourinary system; cervix uteri
622.11	Dysplasia of cervix (uteri); mild dysplasia of cervix
622.12	Dysplasia of cervix (uteri); moderate dysplasia of cervix
795.01	Papanicolaou smear of cervix with atypical squamous cells of undetermined significance (ASC-US)
795.02	Papanicolaou smear of cervix with atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H)
795.03	Papanicolaou smear of cervix with low grade squamous intraepithelial lesion (LGSIL)
795.05	Cervical high risk human papillomavirus (HPV) DNA test positive

### Non-Benefit Codes 87620 and 87622

HPV test codes 87620 (infectious agent detection by nucleic acid [DNA or RNA]; papillomavirus, human, direct probe technique) and 87622 (...papillomavirus, human, quantification) will be non-benefits, effective for dates of service on or after November 1, 2005.

*The updated information is reflected on manual replacement pages path micro 2 and 3 (Part 2), rates max lab 7 (Part 2) and tar and non cd8 1 (Part 2).*

### New Computed Tomographic Angiography Benefit

Effective for dates of service on or after November 1, 2005, Medi-Cal will reimburse CPT-4 code 71275 (computed tomographic angiography, chest, without contrast).

*The updated information is reflected on manual replacement pages radi dia 1 (Part 2) and tar and non cd7 1 (Part 2).*

**Medi-Cal List of Contract Drugs**

The following provider manual sections have been updated: *Drugs: Contract Drugs List Part 1 – Prescription Drugs* and *Contract Drugs List Part 4 – Therapeutic Classifications*.

**Addition, effective October 1, 2005**

<u>Drug</u>	<u>Size and/or Strength</u>	
<b>NAFTIFINE HCl</b>		
<u>Topical Cream</u>	<u>1 %</u>	<u>15 Gm</u> <u>30 Gm</u> <u>60 Gm</u>
<u>Topical Gel</u>	<u>1 %</u>	<u>20 Gm</u> <u>40 Gm</u> <u>60 Gm</u>

**Changes, effective October 1, 2005**

<u>Drug</u>	<u>Size and/or Strength</u>	
<b>LAMIVUDIN</b>		
* <u>Tablets</u>	<u>100 mg</u>	
* <u>Restricted to use for the treatment of chronic Hepatitis B virus infection.</u>		
‡ * Tablets	150 mg	
	300 mg	
‡ * Liquid	10 mg/cc	
* Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.		

**Changes, effective November 1, 2005**

<u>Drug</u>	<u>Size and/or Strength</u>	
* CIPROFLOXACIN		
Suspension, oral	5 %	
	10 %	
* Restricted to use in the treatment of 1) lower respiratory tract infections in persons aged 50 years and older; 2) osteomyelitis; and 3) pulmonary exacerbation of cystic fibrosis.		
(NDC labeler code 00026 [Bayer Corporation Pharmaceutical Division] <b>00085</b> [Schering Corporation] only.)		
PRAMIPEXOLE		
DIHYDROCHLORIDE		
Tablets	0.125 mg	
	0.25 mg	
	0.5 mg	
	1.0 mg	
	1.5 mg	
(NDC labeler code 00597 [Boehringer Ingelheim Pharmaceuticals] only.)		

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Remove and replace: anest 3/4 \*, 11/12 \*, 17/18 \*  
appeal form 1/2 \*\*, 7/8 \*\*  
cal child ser 7/8 \*  
children 1 thru 4 \*\*  
cif sp 3 thru 8 \*  
cont ms 1/2 \*\*  
eval 11/12 \*  
hcpcs ii 1/2 \*  
hcpcs iii 3/4 \*  
hyst 3/4 \*  
inject 7/8 \*\*, 19 thru 22 \*, 53 \*  
inject list 1/2 \*, 5/6 \*, 9/10 \*, 15/16 \*, 19 \*  
inject vacc 1 \*

Remove: medi cr hcfa 1 thru 24  
Insert: medi cr hcfa 1 thru 20 \*

Remove: medi ex ms 1 thru 5  
Insert: medi ex ms 1 thru 3 \*

Remove and replace: medi ms 5/6 \*  
medi non cpt 1 \*  
medi non hcp 1/2 \*  
modif 1/2 \*  
modif app 1 thru 7 \*  
modif used 3 thru 6 \*  
non ph 1/2 \*\*, 7/8 \*\*, 11 thru 15 \*\*  
non ph hcfa 1/2 \*  
path bil 3 thru 9 \*  
path chem 1/2 \*  
path cyto 1/2 \*  
path hema 3/4 \*

Remove: path micro 1 thru 5  
Insert: path micro 1 thru 6 (new) \*

Remove and replace: path organ 7/8 \*  
preg com 9/10 \*  
preg early 5 thru 9 \*  
preg ex hcf 1 thru 10 \*  
preg glo 3 \*

\* Pages updated due to ongoing provider manual revisions.

\*\* Pages updated due to ongoing provider manual revisions. County Medical Services Program (CMSP) providers should remove these pages but retain them in the Appendix of their provider manual for future reference.

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Remove and replace:    radi 1 thru 4 \*

                             radi dia 1/2, 21 thru 24 \*

                             radi dia ult 1/2 \*\*

                             radi nuc 3 \*

                             rates max lab 1 thru 8 \*

                             share hcfa 3/4 \*\*

                             ster 19/20 \*

                             supp drug 3 \*

                             surg bil hcf 1 thru 11 \*

                             surg bil mod 1 thru 6 \*

                             surg female 1/2 \*

                             surg urin 1/2 \*\*, 5 \*

                             tar and non cd1 5 \*

                             tar and non cd2 9/10 \*

                             tar and non cd3 3 thru 6 \*

                             tar and non cd4 3 thru 7 \*

                             tar and non cd5 1/2 \*, 7/8 \*

                             tar and non cd6 1 thru 4 \*

                             tar and non cd7 1 thru 3 \*

                             tar and non cd8 1/2 \*

                             tar and non cd9 1 thru 7 \*

                             tar field 1/2 \*\*

                             vaccine 3/4 \*

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